State of Wisconsin
Department of Natural Resources
PO Box 7921, Madison WI 53707-7921
dnr.wi.gov

Outdoor Motorized Recre	ation Trail Aids Applic	ation
For: (Choose all that apply)	Form 8700-159 (R 04/16)	Page 1 of 5

☐ All-Terrain Vehicle Trail Aids☒ County Snowmobile Trail Aids

Motorized Stewardship (20% match required)

Notice: Completion of this form is required under s. 23.09(26) and 23.33, Wis. Stats. Failure to complete this form will result in denial of financial assistance. Personally identifiable information found on this form is not intended to be used for any other purpose. The Department of Natural Resources (DNR) may provide this information to requesters as required by Wisconsin's Open Records law [ss. 19.31 - 19.39, Wis. Stats.].

Instructions: Applications may combine more than one source of funds. They may be submitted for consideration of both traditional ATV, Snowmobile funding AND Motorized Stewardship funding. Submit two (2) copies of all forms and attachments. See page 2 for necessary attachments. Mail applications to your Community Services Specialist.

Leave Blank - DNR Use Only			
Project Number			
Check Recipient: Individual other than authorized individual to act on behalf of the applicant. Provide check recipient information below:			
Check Recipient Name: (Name to Appear on Check)			
Trempealeau County Treasurer			
Address			
36245 Main St, P.O. Box 67			
City, State, ZIP Code			
Whitehall, WI 54773			
E-Mail Address			
beckya@tremplocounty.com			
Number of Tail Miles			
Number of Trail Miles			
222.0			

## **Project Description**

- For maintenance, include a concise statement of the type of maintenance activities and the type of grooming equipment used.
- For major bridge rehabilitation, describe the proposed construction items to rehabilitate the bridge.
- · For trail rehabilitation, describe the repair and renovation activities necessary to improve the trail for user safety.
- · For development, describe development activities and structures to be constructed.
- For development of intensive use areas; describe the need and expected use and method of operating and maintaining the facility.
- For Motorized Stewardship describe project and source of matching funds, narrative must include the source of the matching funds.
- Minimum Useful Life Agreement is required to be submitted before grant will be issued.

Trempealeau County, under the direction of the Trempealeau County Parks, Tourism & Economic Development Committee, Jon Schultz Chair, and with the cooperation of the Associated Snowmobile Clubs of Trempealeau County, Jordan Manka President, are applying for snowmobile trail flood damage aid. Without funding assistance the state funded trails in question will not be able to open this season. This in turn will decrease the tourism to our county and is also a safety issue to anyone attempting to travel these trails. The storms occurred on August 11th and August 25th, 2016. Due to the overwhelming amount of rain, we sustained large amounts of flooding throughout the county. The flooding washed out culverts, bridge approaches and rip rap along the banks on the trails. It also shifted and/or moved bridges further downstream or onto the banks. The requested funds will be used to place the bridges back over the creeks, stabilize the banks of the creeks where the bridges will reside, bring in fill and rock to rebuild approaches, fill in the large washouts by the culverts and rebuild and stabilize the areas supporting the culverts with rock or gravel.

Maintenance \$22,483.85	Acquisition	Insurance	Development	Bridge Rehab.	Trail Rehab.	Total Estimated Co \$22,483.85
		Lea	ave Blank - DNR Us	e Only		

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Applicant Certification

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As the applicant's authorized official, I certify that, to the best of my kr	nowledge, the information in this application is true and correct.
Typed Name of Authorized Official  Signature of Authorized Official	Official's Title  Date Prepared  Date Prepared  Date Prepared
Attachments - All projects require: Governmental unit resoluti	11/2011(2)
Maintenance: (Use with Snowmobile & ATV)  ☑ County map showing trail location  Acquisition: (Use with Snowmobile & ATV)  ☐ For fee acquisition, consult with regional community service specialist to make sure proper procedures are followed.	Trail Rehabilitation: (Use with Snowmobile & ATV)  County plat map showing segment proposal for rehabilitation  Cost estimate worksheet, Form 8700-014
For leases or easements, certification of easements or leases held  Insurance: (Use with ATV only)	d   Major Bridge Rehabilitation or New Bridge: (Use with Snowmobile & ATV)  County plat map showing trail system and location of bridge
New Maintenance or Development: (Use with Snowmobile & ATV)	Pages 3 and 4 of application
County plat and topographic map showing trail location and classification (existing and proposed new trail); bridges, culverts, railroad crossings, shelters, toilets, parking lots, and new trail construction for the new development segment.	Intensive Use Area: (Use with ATV only)  ☐ County and plat maps showing project boundaries
<ul> <li>☐ Lease / easement certification (to be supplied prior to trail opening</li> <li>☐ Cost estimate worksheet Form 8700-014 (development only) or pages 3 and 4 of application for new bridge</li> </ul>	Site plans showing any existing facilities along with proposed new construction including bridges, culverts, shelters, riding courses, parking lots, toilets and trails
Construction plans for bridges or other structures	☐ Topographic map with major project elements noted☐ Preliminary construction plans for buildings, bridges,
Motorized Stewardship: Requires the attachments as identified in each specific category. See <a href="http://dnr.wi.gov/Aid/MotorStew.html">http://dnr.wi.gov/Aid/MotorStew.html</a> for eligibility.	major grading, etc.  Cost estimate worksheet Form 8700-014
Sample Resolution Authorizing Participation	
Whereasis interested in maintaining developing lands for public outdoor motorized trail use; and Whereas said public motorized trails are eligible for snowmobile, all-te	
Therefore, be it resolved, that(Applicant)	
hereby authorizes (Name) (Tit	tle)
of(Committee or Departs	ment)
to act on behalf of (Applicant) to:	
Submit an application to the State of Wisconsin Department of Na sign documents; and take necessary action to undertake, direct a	
Adopted this day of , 20 ,	
I hereby certify that the foregoing resolution was duly adopted by	ot a logal macting hold on the

		Motorized Recreat cose all that apply)	ion Trail Aid Form 8700-15		ation Page 3 of 5
day of	, 20,				
		d Signature			
					Les I = 1.
		Lucanta) fan ann man heis		nt or bridge re	habilitation
Pages 3 and 4 of this form are to be complet project for which funds are requested. The ir council to evaluate the merits of your applications.	nformation provided below v	vill be used by Departme	nt staff and the	appropriate a	dvisory
		Water Body Name			***************************************
(Select only one)		none			
New Bridge Grant Application Su	pplement	County	Town No.	Range No.	Section No
O Bridge Rehabilitation Grant Appli	cation Supplement	Trempealeau	*	01	
Official Governmental Unit Contact			Telephone	Number	
Becky Arneson		¥	(715) 538-	-2311	
Sponsoring Snowmobile or All-Terrain Vehic	cle Club				
Various			Telephone	Number	
Club Contact			Telephone	Marribor	
Various  Landowner Where Bridge is Located			Telephone	Number	
Various					
<ol> <li>If land is privately owned, how many year terrain vehicle trail? (3 year minimum red</li> <li>What other recreational trail uses are plann/a</li> </ol>	quired)	trail to be used as a publi	c snowmobile (	or all-	
If there are other Recreational uses plann non-snowmobile or non-ATV users?					
3. Have you contacted your local DNR water		regarding a regulatory pe	ermit? OY	es   No	
Is a permit required?	Yes   No				
Do you have an approved permit?	Yes   No				
New Bridge Projects Only 4. Describe the need for the bridge and alte	rnatives considered.				
Bridge Rehabilitation Projects Only 5. Briefly describe why the bridge needs to	be rehabilitated.				

6. Has this bridge site ever received development or rehabilitation funds in the past? Yes No If answer is yes, give year funds were received, amount of grant award and program.

<b>Outdoor Motorized Recreation Trail A</b>	ids Ap	plication
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Year:	\$ Program:		

Complete the cost estimate information on page 4 and attach additional materials if more justification is necessary.